

**LOCAL FORM 1007.1**  
**United States Bankruptcy Court**  
**Eastern District of Tennessee**

In re Patricia S. Rawls

Debtor(s)

Case No. 3:19-bk-30795  
Chapter 13

**STATEMENT REGARDING PAYMENT ADVICES OR OTHER EVIDENCE OF PAYMENT**

**CERTIFICATION OF DEBTOR**

I hereby certify under penalty of perjury that

- ☒ attached hereto are copies of all payment advices or other evidence of payment [such as paycheck stubs, direct deposit advices, statements of payment, etc.] that I have received from an employer within 60 days before the date of the filing of the petition, with all but the last four digits of the debtor's social security number redacted,\*

or

- ☐ I did not receive any such documents from an employer within 60 days before the date of the filing of the petition.

**CERTIFICATION OF JOINT DEBTOR**

I hereby certify under penalty of perjury that

- ☐ attached hereto are copies of all payment advices or other evidence of payment [such as paycheck stubs, direct deposit advices, statements of payment, etc.] that I have received from an employer within 60 days before the date of the filing of the petition, with all but the last four digits of the debtor's social security number redacted,\*

or

- ☐ I did not receive any such documents from an employer within 60 days before the date of the filing of the petition.

/s/ Patricia S. Rawls

**[SIGNATURE OF DEBTOR]**

**[SIGNATURE OF JOINT DEBTOR]**

Date: March 18, 2019

Date: \_\_\_\_\_

\* Other evidence of payment may consist of the debtor's most recent paycheck stub showing year-to-date earnings if the debtor has worked the same job the last 60 days before the date of the filing of the petition.

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.*

Copy B To Be Filed With Employee's  
FEDERAL Tax Return  
OMB No. 1545-0008  
Release 3-19-hk-30795-SHB Doc No. 1545-0008 Filed 03/19/19 Entered 03/19/19 10:28:06 Desc  
Main Document Page 2 of 2

a Employee's SSN 5513	1 Wages, tips, other comp. 56638.99	2 Fed. income tax withheld 8197.00
b Employer ID number (EIN) 62-1504727	3 Social security wages 56638.99	4 Soc. sec. tax withheld 3511.58
	5 Medicare wages and tips 56638.99	6 Medicare tax withheld 821.21
c Employer's name, address, and ZIP code JOSEPH T CHUN, M. D. 1934 ALCOA HIGHWAY SUITE 362, POB 111 KNOXVILLE, TN 37920-1500		
d Control number 0001		
e Employee's name, address, and ZIP code PATRICIA S RAWLS 2307 GORBY WAY KNOXVILLE, TN 37923		
7 Social security tips 0.00	8 Allocated tips 0.00	9 Verification code
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12
13 Statutory employee	14 Other	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID # TN 0397-573 3	16 State wages, tips, etc. 56638.99 0.00	17 State income tax 0.00 0.00
18 Local wages, tips, etc. 0.00 0.00	19 Local income tax 0.00 0.00	20 Locality name

Form W-2 Wage and Tax Statement 2018 Dept. of the Treasury -- IRS  
This information is being furnished to the Internal Revenue Service.

Copy 2 To Be Filed With Employee's State,  
City, or Local Income Tax Return  
OMB No. 1545-0008  
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Form W-2 Wage and Tax Statement 2018 Dept. of the Treasury -- IRS

Copy C For EMPLOYEE'S RECORDS  
(See Notice to Employee on back of Copy B.)  
OMB No. 1545-0008

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